

# A Guide to Services

Serving Veterans, Senior Citizens and Persons With Disabilities



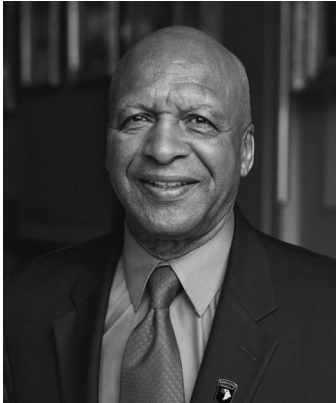
JESSE WHITE  
SECRETARY OF STATE



## OFFICE OF THE SECRETARY OF STATE

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JESSE WHITE • Secretary of State



Dear Friends:

Senior citizens, veterans and persons with disabilities face many obstacles today. Rising medical costs, higher insurance rates and physical disabilities can sometimes make everyday living a challenge.

As Secretary of State, I am dedicated to providing programs and services that meet the special needs of Illinois' senior citizens, veterans and persons with disabilities. This guide details various programs and services available through my office. License plate and liability insurance discounts, free Rules of the Road Review Courses and special parking privileges are just a few of the programs that can make your life a little easier.

Serving the people of Illinois is my top priority. For more information on any of the programs or services in this guide, please call 312-814-3121 or 888-261-5238 (TTY, NexTalk), or visit [ilsos.gov](http://ilsos.gov). I look forward to serving you.

A handwritten signature in cursive script that reads "Jesse White".

Jesse White  
Secretary of State

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## **Rules of the Road Review Course**

The Rules of the Road Review Course is designed to give drivers — especially senior citizens and persons with disabilities — the knowledge and confidence needed to renew or obtain a driver's license. The review course combines an explanation of the driving exam with a practice written exam. To locate a free course in your area, please call **312-814-3121** or visit **ilsos.gov** (click Services for Seniors, Rules of the Road).

## **Super Seniors Program/Mobile Driver Services Facility**

Super Seniors is a convenient, voluntary program for driver's license renewal, which includes Rules of the Road classroom instruction and a vision screening exam. The Rules of the Road Review Course also includes a review of safe driving techniques and Illinois driving laws. Following the course, you may take the vision screening exam required to obtain or renew your driver's license. This vision screening is valid for up to 90 days for driver's license renewal.

A Secretary of State Mobile Driver Services Unit is available for you to renew your driver's license. A state photo ID card also may be obtained for a \$20 fee. **If you are age 65 or over, you may obtain a free, one-time, non-expiring state ID card.** If you are age 75 and over, you must take a driving test at a Driver Services facility to renew your driver's license.

To locate a Super Seniors event in your area, please call **312-814-3121 or 217-782-9601** or visit **ilsos.gov** (click Services, For Seniors, Super Seniors).

## **Driver's License Information**

**APPLICATION** — To apply for or renew an Illinois driver's license, you must present acceptable identification that verifies your name, date of birth, Illinois residency, Social Security number and signature. A list of acceptable documents is on page 15.

**MEDICAL CONDITION** — To be a safe driver, you should be in good physical and mental health. When applying for an Illinois driver's license, all motorists are asked a series of questions about physical and mental health. You may be required to have your physician sign a Medical Report before a license will be issued. For your convenience, a Medical Report form is provided on pages 19-20.

**DRIVER'S LICENSE EXAM** — You must complete a written examination at least **once every eight years**, with the exception of having no record of traffic convictions or accidents since last renewal. If you are age 75 and over, you are required to take a driving test each time you renew your license.

The driver's license exam consists of a vision screening, written exam and a driving test. If you do not pass the vision screening, you may be instructed to visit a licensed optometrist, ophthalmologist or physician who can provide a more thorough assessment of your vision. In such cases, a Vision Specialist Report is required (see pages 21-22).

**RENEWAL** — As a courtesy of the Secretary of State, early renewal notices are sent to those whose birthdays fall during the winter months so they can renew their driver's licenses before bad weather hits. All licenses may be renewed within one year prior to expiration until age 87. If you are age 87 and over, you may only renew your license six months in advance.

**VETERAN DL/ID CARD DESIGNATION** — If you are an honorably discharged U.S. veteran and wish to have a designation on your DL/ID indicating you are a VETERAN, you may apply by providing proof of discharge, issued by the U.S. government, such as a copy of your DD214 or summary of

benefits letter at any Driver Services facility. If you need to obtain an official discharge document, you will need to visit an Illinois Department of Veterans' Affairs (IDVA) service office.

**DRIVER SERVICES FACILITIES** — Generally, the busiest hours at Secretary of State facilities are lunch hours and late afternoons. You may wish to avoid these peak hours when renewing your driver's license. To locate a facility near you, see listing on page 27 or visit [ilsos.gov](http://ilsos.gov).

## **Keep Me in a Safe Seat**

Your child or grandchild deserves the very best protection while riding in your vehicle. The best child safety seat is one that fits the child and the vehicle, and is used correctly every time.

The Secretary of State's office provides child safety seat inspections at several Driver Services facilities throughout the state. Please visit one of these fitting stations to ensure that your child or grandchild's seat is properly installed and meets federal guidelines for the child's height and weight. For more information or to schedule a child safety seat inspection, please call **866-247-0213** or visit [ilsos.gov](http://ilsos.gov).

## **Automobile Liability Insurance Discount Program**

Completion of an eight-hour Motor Vehicle Accident Prevention Course, administered by the AARP or the National Safety Council and certified by the Secretary of State, allows drivers age 55 and over to be eligible for a discount on their liability insurance premiums. For more information or to locate a course in your area, contact AARP at **888-227-7669**, [aarpdriversafety.org](http://aarpdriversafety.org), or the NSC at **800-621-7619**, [www.nsc.org/training](http://www.nsc.org/training).

Completion of the Rules of the Road Review Course provided by the Secretary of State's office **does not** qualify a participant for an automobile liability insurance discount. Contact your insurance agent for more information on automobile insurance discounts.

## **Mandatory Vehicle Insurance**

Illinois law requires all motor vehicles registered and operated in Illinois to be covered by liability insurance, which covers property damage and/or injuries you may cause others in an accident. You are in compliance with the law if you have liability insurance in the following minimum amounts:

- \$25,000 for injury or death of one person in an accident.
- \$50,000 for injury or death of more than one person in an accident.
- \$20,000 for damage to property of another person.

You must carry your insurance card in your vehicle and show it upon request by any law enforcement officer. Compliance with the law is monitored through random computer checks and traffic tickets.

You face the following fines if arrested and convicted:

- Minimum \$500 fine for driving uninsured.
- Minimum \$1,000 fine for driving a vehicle while the registration is suspended for no insurance.
- A mandatory three-month suspension of driving privileges **and** \$100 reinstatement fee.

The vehicle registration of first-time offenders is suspended until a \$100 reinstatement fee and evidence of insurance are submitted. Repeat offenders must serve a four-month registration suspension, pay a \$100 reinstatement fee and provide evidence of insurance.

For more information, please contact:

**Secretary of State**  
**Mandatory Insurance Division**  
**501 S. Second St., Rm. 429**  
**Springfield, IL 62756**  
**217-524-4946**

## **Reduced-Fee License Plates**

Senior citizens and persons with disabilities who qualify for the Illinois Department on Aging's Benefit Access Program are eligible for reduced-fee license plates through the Secretary of State's office. Every January, the Secretary of State's office mails license plate discount cards to everyone approved for a Benefit Access grant the previous year. Complete the discount card and return it with your vehicle registration form at renewal time. This discount may be applied to various types of plates, including those for passenger vehicles, B-trucks, recreational vehicles, Persons with Disabilities and various military plates. Eligible individuals will receive a discount upon approval from the Illinois Department of Aging.

For more information or an application for the Benefit Access Program, please contact:

**Illinois Department on Aging**  
**Benefit Access Program**  
**One Natural Resources Way, Ste. 100**  
**Springfield, IL 62702-1271**  
**Aging.ILSenior@illinois.gov**  
**800-252-8966 • 888-206-1327 (TTY)**  
**ilsos.gov and click on Services for Seniors.**

## **Parking Program for Persons with Disabilities**

The Secretary of State issues parking placards and license plates to those who qualify under the Illinois Vehicle Code's definition of persons with disabilities and the Illinois Identification Card Act.

### **Persons with Disabilities License Plates**

A person with a permanent disability may obtain Persons with Disabilities plates if his/her name appears on the vehicle title as owner or joint owner. An immediate family member residing in the same household may obtain one set of plates if the qualifying person with disabilities does not own a vehicle and must rely on someone else for transportation. If a person with disabilities does not meet these criteria, he/she may only be eligible for a permanent parking placard. Corporations, school districts and special education cooperatives that transport persons with disabilities are eligible for disability plates; however, if the corporation transports passengers for compensation, these plates are not allowed.



Disability license plates allow the authorized holder to park in spaces reserved for persons with disabilities, such as at malls, grocery stores, etc., and DO NOT exempt the authorized holder from the payment of parking meter fees and time limitations at parking meters unless the authorized holder displays a Meter-Exempt Placard.

Parking placards and disability license plates are not transferable. The authorized holder must be present and must enter or exit the vehicle at the time the parking privileges are being used. Unauthorized use can result in a \$500 fine as well as a driver's license suspension and/or revocation of the placard or plates.

## Parking Placards

The Secretary of State issues four types of parking placards free to persons with disabilities:

### METER-EXEMPT PERMANENT



Placards are **YELLOW-AND-GRAY STRIPED** and issued to persons with a permanent disability. Holders are exempt from paying parking meter fees. The placard expires in 2022 of the month punched.

### PERMANENT



Placards are **BLUE** and issued to persons with permanent disabilities. Holders are **NOT** exempt from paying parking meter fees. The placard expires on the holder's birthdate in 2022.

### TEMPORARY



Placards are **RED** and valid for the length of time indicated by the certifying physician, not to exceed six months if issued by the Secretary of State and 90 days if issued by a local municipality.

### ORGANIZATION



Placards are **GREEN** and issued to organizations that transport persons with disabilities. The placard expires in April 2022.

Because a parking placard is issued to the authorized holder and not to a vehicle, it may be used in any vehicle in which the holder is driving or is a passenger. When parked, the placard must be properly displayed in one of the following locations so it is clearly visible to law enforcement:

- Hanging from the rearview mirror, or
- Placed on the dashboard.

**Failure to properly display a parking placard may result in a ticket. The placard should be removed before the vehicle is in motion to prevent damage or excessive exposure to sun. Also, the placard can obstruct the driver's view if left hanging from the mirror.**

A Persons with Disabilities Certification for Parking Placard/License Plates form is on pages 23-24. A licensed physician must certify on the application that the applicant has one of the qualifying disabilities. Forms also are available at [ilsos.gov](http://ilsos.gov), at your local Driver Services facility or by contacting:

**Secretary of State, Persons with Disabilities License Plates/Placard Unit, 501 S. Second St., Rm. 541, Springfield, IL 62756, 217-782-2285.**

## Military License Plates

In recognition of those who have served our country, the Secretary of State offers several military service license plates. Military plates may be displayed on passenger vehicles and trucks and vans weighing 8,000 pounds or less. Titles, transfers, duplicate registration cards and replacement license plates are subject to standard fees.

Documentation verifying military status or receipt of medal is required for most military plates. Documentation may include DD214, DD2, separation papers, Veterans Administration award letter or other military documents verifying service record. All military plate applications will be verified with the Department of Veterans' Affairs before plates are issued.



Afghanistan Campaign Medal



Air Force Service Cross



Armed Forces Reserves



Bronze Star



Coast Guard



Cold War



Combat Action Badge



Combat Action Ribbon



Combat Infantryman



Congressional Medal of Honor



Disabled Veteran



Disabled Veteran - Service-Connected (ISERVE)



Distinguished Flying Cross



Distinguished Service Cross



Ex-Prisoner of War



Gold Star



Global War on Terrorism



Illinois National Guard



Iraq Campaign Medal



Korean Service





Fees for military plates vary. For more information on fees for specific military plate categories, please contact the Secretary of State's Vehicle Services Department at the number below or visit [ilsos.gov](http://ilsos.gov) ([click Pick-a-Plate](#)).

### **Illinois Secretary of State, Vehicle Services Department, Special Plates Division**

501 S. Second St., Rm. 541, Springfield, IL 62756 ..... 217-785-4175

### **Illinois Department of Veterans' Affairs**

833 S. Spring St., Springfield, IL 62794-9432 ..... 217-782-6641

69 West Washington, Ste. 1620, Chicago, IL 60602 ..... 312-814-2460

### **Veterans Administration Regional Office**

2122 West Taylor St., Chicago, IL 60612 ..... 844-698-2311

### **National Personnel Records Center**

1 Archives Drive, St. Louis, MO 63138 ..... 314-801-0800

## **Illinois Court of Claims**

The Clerk's Office of the Illinois Court of Claims under the Secretary of State assists with administration of the Crime Victims Compensation Act. The act provides financial compensation to innocent victims of violent crime. This program can be a financial lifesaver for elderly victims of violent crimes and their families who may not have the resources to cover the expenses incurred. Victims may be eligible for reimbursement of hospital and doctor bills, rehabilitation, and funeral and burial expenses. Replacement of eyeglasses, hearing aids and wheelchair ramps also may be covered.

For more information about crime victim services and assistance with filing an application, please call **Springfield at 217-782-7101, Chicago at 312-814-5010 or 800-228-3368**. Applications also are available at your local library or at **ilsos.gov**.

## **Illinois Veterans' History Project**

The Illinois Veterans' History Project creates a permanent record of the names and stories of Illinois war veterans and civilians — past and present — who have served our country so their contributions will not be forgotten. To participate in the Illinois Veterans' History Project, veterans or family members can complete an Illinois Patriots Information form at **ilsos.gov**. The form also is available at Driver Services facilities and public libraries statewide.

Participants may also submit an oral recorded history that will be placed in the Illinois Digital Archives (**www.idaillinois.org**) and the Library of Congress Veterans History Project (**www.loc.gov/vets**). For information about conducting an oral interview, please call **217-785-1537**.

## **Homebound State ID Program**

The Homebound State ID Program is a service program for bedridden citizens, customers of extreme age, and disabled citizens who are unable to leave the home to obtain a state ID from a Secretary of State facility. State ID cards are used for identification purposes, in the same way as a standard driver's license. For assistance in determining if you or your loved one qualifies for this service, call **312-814-3121**.

## **Sign Language Interpreter Service**

A sign language interpreter is provided by the Secretary of State in compliance with the Americans with Disabilities Act for those who may need communication assistance when applying for a driver's license or state ID card at a Driver Services facility. **Please allow two weeks notice to schedule an appointment with an ASL interpreter.**

To schedule an interpreter, please call **312-814-5683** or **888-261-5238 (TTY, NexTalk)**.

## **"J88" — Deaf/Hard of Hearing Driver's License**

"J88" is a notation on a driver's license that alerts law enforcement officers before approaching a vehicle that a motorist is deaf or hard of hearing. The following explains how the "J88" notation works:

- Request the "J88" notation be added to your driver's license at any Secretary of State Driver Services facility. "J88" will appear on the front and back of your driver's license.

- Include your driver's license number on your vehicle registration renewal. This will allow law enforcement to access your driving record before approaching your vehicle and provide notice that alternative communication is necessary.
- **You must request the "J88" notation. Secretary of State personnel will not ask if you need to add the notation on your driver's license.**

## **Talking Book and Braille Service**

The Talking Book and Braille Service through the Illinois State Library provides audio and braille materials to print-impaired residents of the state. Registered participants may choose from an extensive collection of materials that originate from the Library of Congress' National Library Service for the Blind and Print Disabled (NLS).

For more information, please call **800-665-5576, ext. 1**, or visit **[www.ilbph.org](http://www.ilbph.org)**.

## **Community Service Presentations**

The Secretary of State's office coordinates free presentations for community groups, schools, businesses and other organizations throughout the state on the various programs administered by the office. Following are some of the available topics:

### **Services Overview**

This presentation provides a brief overview of each department in the Secretary of State's office, with an emphasis on programs and services of particular interest to seniors, persons with disabilities and/or veterans. For more information, please call **312-814-3121**.

### **Persons with Disabilities Programs**

This presentation outlines the programs, services and publications available for persons with disabilities, including free Persons with Disabilities photo ID cards, disability awareness presentations, the parking program for Persons with Disabilities and reduced-fee license plates. For more information, please call the Vehicle Services Department at **217-782-7758**.

### **"Life Goes On" Organ/Tissue Donor Program**

In 2018, legislation went into effect allowing 16- and 17-year-olds to become part of the donor registry. Now, Illinois residents age 16 and over are invited to join the Illinois Organ/Tissue Donor Registry by visiting **[LifeGoesOn.com](http://LifeGoesOn.com)**, calling **800-210-2106**, completing and mailing a registration card, or visiting a Driver Services facility. Speakers and information on organ/tissue donation may be obtained by calling the Secretary of State's Organ/Tissue Donor Program at **800-210-2106**.

The registry makes a person's decision regarding donation legally binding. Additional witnesses or family consent is not required. If you registered prior to January 2006, you must re-register to ensure that your wishes to be a donor are honored.

### **Illinois Securities Department**

The Securities Department provides programs on investment fraud, how to spot a scam and how to avoid being defrauded. Please contact the Securities Department's Investor Education Division at **800-628-7937** to schedule a presentation.

## **Illinois State Library**

Senior citizens are eligible for an Illinois State Library card if they have a valid public library card or are a retired state government employee. The free card allows the card holder to borrow materials in person. Materials from the Illinois State Library are also available via interlibrary loan to any Illinois resident with an active library card from any other Illinois library. Additionally, free on-site, wireless access is offered for those with laptop computers and other hand-held electronic devices. The library also collects federal and state government publications and more than 187,000 maps are available for public viewing and research. For more information, please call **800-665-5576 (888-261-2709 TTY)**.

## **Adult Literacy Services**

The Illinois State Library's Literacy Office administers grants and offers referral services to adults and families who have difficulty reading, who want to learn English or would want to improve their reading, writing and/or math skills. Volunteer adult tutors provide instructional services. For more information on obtaining literacy services or to inquire about becoming an adult volunteer tutor, please call the Illinois Adult Learning Hotline at **800-321-9511**.



## **State of Illinois Toll-Free Numbers**

### **- A -**

AARP Driver Safety Program .....	888-227-7669
Adoption Information Center of Illinois .....	312-346-1516
Amtrak .....	800-872-7245
Arson Hotline .....	800-252-2947
Arts Council, Illinois .....	Main Line: 312-814-6750    800-237-6994

### **- C -**

Central Complaint Registry for Illinois Department of Public Health .....	800-252-4343
Child Abuse and Neglect (DCFS) .....	800-252-2873
Citizens Utility Board (CUB) .....	800-669-5556
Client Assistance Program .....	800-641-3929
Commerce and Economic Opportunity Illinois Entrepreneurship Network .....	800-252-2923
Consumer Protection, Attorney General Chicago .....	800-243-5377
Springfield .....	800-243-0618
Correction Services .....	217-558-2200

### **- D -**

Drug and Alcohol Substance Abuse & Mental Health Service Administration . . . .	800-662-4357
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### **- E -**

Emergency Management Agency, Illinois .....	800-782-7860
Employment Security, Illinois Unemployment Insurance Tax Hotline .....	800-247-4984
Problem Resolution .....	800-247-4984
Energy Assistance and Weatherization .....	877-411-9276

### **- F -**

Flood Insurance .....	800-638-6620
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### **- H -**

Hearing-Impaired Phone Access Relay Department for Deaf and Hearing .....	800-526-0844
TTY distributor or amplified phones .....	800-833-0048
Voice users .....	800-526-0857
Human Services Helpline, Illinois Cash Assistance, Food Stamps, Medical Assistance, Child Care Assistance, Fraud or Abuse, Mental Health, Persons with Disabilities, Services for Women, Infants & Children .....	800-843-6154
	Nex Talk/TTY 866-324-5553-Relay 711
Help Me Grow — Futures for Kids .....	800-323-4769

- I -

IDOT Vehicle Safety Hotline ..... 800-424-9393  
Illinois Crime Victim Department, Attorney General ..... 800-228-3368  
Illinois Housing Development Authority ..... 312-836-5200

- L -

Legislative Information (NO 800 Number) ..... 217-782-2050 (TTY) / 217-782-3944  
Lottery Information ..... 800-252-1775

- M -

Missing Children — “I-Search” (Illinois) ..... 800-843-5763  
Motorcycle Safety Project — Illinois State University ..... 800-322-7619

- N -

National Cancer Institute ..... 800-422-6237  
National Safety Council ..... 800-621-7619

- P -

Poacher, To Report ..... 800-252-0163  
Poison Control (Statewide) ..... 800-942-5969

- S -

Secretary of State’s Office (General Information) ..... 800-252-8980  
    “Life Goes On” Organ/Tissue Donor Hotline ..... 800-210-2106  
    Literacy Hotline ..... 800-321-9511  
    Securities Department ..... 800-628-7937  
    State Library ..... 800-665-5576  
Senior Citizens Hotlines (Statewide)  
    Aging, Senior Assistance and Elder Abuse Hotline ..... 800-252-8966  
    Attorney General, Consumer Fraud Hotline  
        Chicago ..... 800-243-5377  
        Springfield ..... 800-243-0618

- T -

Taxpayer Assistance (State) ..... 800-732-8866  
Toll-Free Directory Assistance ..... 800-555-1212  
Tourism, Illinois ..... 800-226-6632  
Transportation, Overweight Permits ..... 800-252-8636

- U -

U.S. Department of Health and Human Services / Office of Inspector General (OIG) . 800-447-8477  
University Admissions Information  
    Eastern Illinois University ..... 877-581-2348  
    Illinois State University ..... 800-366-2478  
    Northern Illinois University ..... 800-892-3050  
    Southern Illinois University at Edwardsville ..... 800-447-7483  
    University of Illinois at Springfield ..... 800-252-8533  
    Western Illinois University ..... 877-742-5948

- V -

Veterans’ Affairs ..... 800-827-1000

# Driver's License/ID Card Fees

*\*REAL ID-compliant cards are available at the same cost as standard DL/IDs.*

## Driver's License/Permit

Instruction Permit .....	\$20
Driver's License, ages 18-20.....	\$5
Driver's License, ages 21-68.....	\$30
Driver's License, ages 69-80.....	\$5
Driver's License, ages 81-86.....	\$2
Driver's License, age 87 and older.....	Free
Temporary Visitor Driver's License .....	\$30
New Classification added; not at time of renewal (except CDL) .....	\$5
School Bus Permit .....	\$4

**NOTE:** In addition to the regular driver's license fee, an applicant will pay an additional \$5 fee to add/renew an M or L classification to his/her driver's license.

## State ID Card

State ID Card, under age 18 .....	\$10
State ID Card, ages 18-64.....	\$20
State ID Card, age 65 and older; Persons with Disabilities.....	Free

## Duplicate/Corrected Driver's License/Permit

Duplicate/Corrected Driver's License/Permit .....	\$5
Duplicate/Corrected Temporary Visitor Driver's License .....	\$5
Duplicate Driver's License/Permit, under age 60 (license was stolen, full police report required).....	Free
Duplicate Driver's License/Permit, age 60 and older (license was lost/stolen).....	Free

## Duplicate/Corrected State ID Card

Duplicate State ID Card, under age 18.....	\$5
Duplicate State ID Card, ages 18-64 .....	\$20
Duplicate State ID Card, (ID card was stolen, full police report required).....	Free
Duplicate State ID Card, age 60 and older (ID card was lost/stolen).....	Free
Corrected State ID Card, under age 18.....	\$5
Corrected State ID Card, ages 18-64 .....	\$10
Corrected State ID Card, age 65 and older .....	Free

## Active Members of the Armed Services (also spouses/children residing at home)

Duplicate License/Permit/State ID Card .....	Free
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**NOTE:** In addition to the appropriate license fee, a \$5 fee will be added for any applicant renewing/adding an M or L classification.

For up-to-date fee information, please visit [ilsos.gov](http://ilsos.gov).

# ACCEPTABLE IDENTIFICATION DOCUMENTS

## PHOTOCOPIES ARE NOT ACCEPTED

All acceptable documents presented for verification or proof must be valid (current and not expired). One document may satisfy more than one Group. Documents marked with ( \*) are accepted for REAL ID.

### Group A — Written Signature

- Canceled Check (within 90 days prior to application)\*
- Cooperative Driver Testing Program Certificate\*
- Court Order\*
- Credit Card/Debit Card (major brand)\*
- Driver's License/ID Card (current) issued by an agency of the U.S. government\*
- Illinois Driver's License (current or expired less than one year)\*
- Illinois ID Card (current or expired less than one year)\*
- Medicare Card\*
- Mortgage or Installment Loan Documents\*
- Out-of-State Driver's License/ID Card (current)\*
- Passport (valid U.S. or foreign)\*
- Social Security Card\*
- Temporary DL/CLP/ID Card\*
- U.S. Citizenship and Immigration Services (USCIS) Forms — I-551 (Permanent Resident Card); I-766 (Employment Authorization Card); I-94 (Arrival/Departure Record) with Valid Passport\*
- U.S. Military Driver's License/ID Card\*
- U.S. Military Service Record (e.g., DD214)\*

Acceptable major brand credit cards (for signature verification only) include American Express, Diners Club, Discover, Master Card and Visa.

### Group B — Date of Birth

- Adoption Records
- Birth Certificate\*
- Citizenship Certificate (N560/N561)\*
- Court Order (Change of birth date)
- Certified Grade/High School/College/University Transcript
- Consular Report of Birth Abroad\*
- Illinois Driver's License
- Illinois ID Card
- Naturalization Certificate (N550/N570)\*
- REAL ID Driver's License/ID Card
- Social Security Award Letter (primary beneficiary only)
- U.S. Citizenship and Immigration Services (USCIS) Forms — I-551 (Permanent Resident Card); I-571 (Refugee Travel Document); I-766 (Employment Authorization Card); I-797A (Notice of Action Status Change); I-94 (Arrival/Departure Record) with Valid Passport\*
- U.S. Military Driver's License/ID Card
- U.S. Military Service Record (e.g., DD214)
- U.S. Passport or Passport Card (valid with complete date of birth)\*
- U.S. Visa

Group B documents must contain the applicant's full name and complete date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document. Documents marked with an (\*) are also accepted to prove legal presence.

Birth Certificates must be original or certified by a Board of Health or Bureau of Vital Statistics within the U.S. or by the U.S. State Department, U.S. territories or Canada. A certified copy is a document produced by the issuing jurisdiction which has an embossed seal or an original stamped impression. Foreign passports and foreign birth certificates are accepted as proof if accompanied by any other item in Group B.

### Group C — Social Security Number

- Illinois Driver's License Record (verified)
- Illinois ID Card Record (verified)
- Non-SSA-1099 Form\*
- Pay stub or printed electronic deposit receipt bearing the applicant's name and SSN\*
- Social Security Award Letter (primary beneficiary only)
- Social Security Card (issued by SSA)\*
- SSA-1099 Form\*
- U.S. Military Driver's License/ID Card
- U.S. Military Service Record (e.g., DD214)
- W-2\*

Group C documents must contain the applicant's name and full Social Security number. If using an Illinois driver's license or ID record, the Social Security number must have been previously verified with the SSA.

An applicant applying for a Temporary Visitor Driver's License is not required to present documents from Group C. Instead, the applicant must sign a declaration on the TVDL application that the applicant is, at the time of application, ineligible to obtain a Social Security number.

### Group D — Residency

- Official Electronic Statement (dated within 90 days prior to application)
- Bank Statement (dated within 90 days prior to application)\*
- Canceled Check (dated within 90 days prior to application)\*
- Certified Grade/High School/College/University Transcript\*
- Credit Report (issued by Experian, Equifax or TransUnion, dated within 12 months of application)\*
- Deed/Title, Mortgage, Rental/Lease agreement\*
- Insurance Policy (homeowner's or renter's)\*
- Letter on Official School Letterhead (dated within 90 days prior to application)\*
- Medical Claim or Statement of Benefits (from private insurance company or public (government) agency, dated within 90 days of application)\*
- Official mail received from a State, County, City or Village or a Federal Government agency (must include first and last name of applicant and complete current address), may include — Homestead Exemption Receipt; Jury Duty Notice (issued within 90 days of application); Selective Service Card; Social Security Annual Statement; Social Security Disability Insurance Statement; Supplemental Security Income Benefits Statement; Voter Registration Card\*
- Pay Stub or Electronic Deposit Receipt\*
- Pension or Retirement Statement\*
- Phone Book, produced by a phone book publisher\*
- Report Card from Grade/High School or College/University\*
- Tuition invoice/official mail from college or university, dated within the 12 months prior to application\*
- Utility Bill (electric, water, refuse, telephone land/cell, cable or gas, issued within 90 days of application)\*

Group D documents must contain the applicant's full name and residence address. Documents in Groups A, B or C, that contain the full name and residence address also may be used for Group D. Two residency documents required for REAL ID.

**After review of all identification presented, Secretary of State management has the right to accept or refuse any document.**

**Both lists — acceptable and unacceptable — are subject to change.**

**Documents marked with ( \*) are accepted for REAL ID.**

## Unacceptable Documents

- |   |  |                                 |  |
|---|--|---------------------------------|--|
| • Bond Receipt or Bail/Bond Card                          | • DHS Card or documents (Department of Human Services) | • Illinois Concealed Carry Card | • Traffic Citation (Arrest Ticket)             |
| • Business Card   | • Fishing License                                      | • Illinois FOID Card            | • Unlicensed Financial Institution Loan Papers |
| • Check Cashing Card                                      | • HFS Card (Healthcare and Family Services)            | • Instruction Permit/Receipt    | • Vehicle Registration                         |
| • Club/Fraternal Membership Card                          | • Handwritten ID/Employment Card                       | • Insurance Card                | • Video Club Membership Card                   |
| • College or University ID Card                           | • Hunting License                                      | • International Driving Permit  | • Wallet ID                                    |
| • Commercially produced (non-State or unofficial) ID Card |  | • Library Card                  |  |
|   |  | • Personal Mail                 |  |







## Secretary of State Notice of Address Change

Commercial driver's license holders may not use  
this form for driver's license changes.

This space for use by  
Secretary of State

Secretary of State  
Vehicle Services Department  
501 S. Second St.  
Springfield, IL 62756  
217-782-6306  
www.cyberdriveillinois.com

☐ Yes ☐ No I am on active duty in the military.  
☐ Yes ☐ No I am a student in good standing at a  
school in a state other than Illinois.

Driver Services Department

Date

You are required to notify the Secretary of State in writing of any change of address within 10 days. Complete this form and return it to any Driver Services facility or mail the completed form to the address shown on the front. You will NOT receive a new driver's license or photo ID when using this form. If you want your new address on your driver's license or ID card, you must visit a Driver Services facility.

To Change: ☐ License plate registration address only ☐ Driver's license/ID card  
Do you want an application to register to vote? ☐ Yes ☐ No

**Important Notice:** If you answer yes, a voter registration application will be mailed to you. When you complete the application, mail it to your local election authority, which will process your application and mail you a voter's registration card.

Please Type or Use Ballpoint Pen					
Change from: Name(s), First, Middle, Last			Change to: Name(s), First, Middle, Last		
*Street address			Street address		
City	State	ZIP	City	State	ZIP
County	Date of Birth	Sex	County		
Current driver's license or photo ID card number(s)					

\*Required by the Driver Services Department if residence is in a city with a population over 3,500. Otherwise, a post office box is acceptable.

License Plate Number	Expiration Date	Vehicle Identification Number	Vehicle Year & Make

A change of address on the registration does not require a change of address on the title.

A change of name will require the title to be corrected. Please indicate the number of corrected title/registration forms you will require:

- ☐ Corrected Title Applications(s)  
☐ Corrected Registration Applications(s)

PLACE

PLACE

(Fold this flap down last)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Place 1st  
Class  
Stamp  
Here

JESSE WHITE  
SECRETARY OF STATE  
VSD LICENSE CORRECTION SECTION  
501 S. SECOND ST.  
SPRINGFIELD, IL 62756-0001



(First Fold)

TAPE  
HERE

TAPE  
HERE



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

DRIVER ANALYSIS DIVISION  
2701 S. DIRKSEN PARKWAY  
SPRINGFIELD, IL 62723  
217-782-7246  
www.cyberdriveillinois.com

**Medical Report**

Please see guidelines at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com), search for Medical/Vision Conditions for completion of form.

**SECTION I — To be completed by driver. (Please print or type.)**

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Month Day Year

City: \_\_\_\_\_ ZIP : \_\_\_\_\_

**Agreement/Release of Information**

*I agree to remain under the care of my physician and follow the treatment exactly as prescribed. I hereby authorize and request my physician to release information regarding my medical condition to the Illinois Secretary of State, and to report any change in the status of my condition that would impair my ability to safely operate a motor vehicle. I understand that failure to abide by the conditions set forth in this agreement are grounds for the Secretary of State to deny or cancel my driving privileges. **This report shall remain valid for three months (90 days).***

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date of Signature

**SECTION II MEDICAL HEALTH — To be completed by MD/DO and/or medical professional (NP/PA).**

**DATE OF COMPLETION OF MEDICAL HEALTH SECTION II:** \_\_\_\_\_

1. **Required:** In your professional opinion, is this individual **MEDICALLY FIT** to safely operate a motor vehicle? YES ☐ NO ☐

2. Conditions: Yes or No required for each condition listed.

- |                                |                              |                             |                           |
|--------------------------------|------------------------------|-----------------------------|---------------------------|
| (a) Cardiovascular             | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (provide condition) _____ |
| (b) Neurological               | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (provide condition) _____ |
| (c) Musculoskeletal            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (provide condition) _____ |
| (d) Respiratory                | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (provide condition) _____ |
| (e) Seizure                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | (provide condition) _____ |
| (f) Diabetes                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                           |
| (g) Dizzy/Fainting Spell       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                           |
| (h) Alcohol/Drug Abuse         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                           |
| (i) Other Medical Condition(s) |                              |                             | (provide condition) _____ |

**\*For mental health disorders, please refer to Section III-Mental Health.**

3. **List all current medications. (If medications are listed, a condition must be disclosed above in Question #2.)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ☐ No medications prescribed.

5. **Required:** Current Status of Condition:

- (A) Controlled ☐ (B) Not Controlled: **will not affect driving** ☐ (C) Not Controlled: **may affect driving** ☐  
(If **Not Controlled** is marked, you must provide details, which may include pertinent clinical information, i.e., test results, lab values.)

\_\_\_\_\_

(continued on back)



PATIENT'S NAME: \_\_\_\_\_

6. **Required:** In the past six months, has the driver's ability to safely operate a motor vehicle been impaired (due to any reason) or has driver experienced an attack of unconsciousness? YES ☐ NO ☐ Date of Attack: \_\_\_\_\_  
(If YES, you must provide details, which may include pertinent clinical information.)

\_\_\_\_\_

7. Date of last impaired ability to safely operate a motor vehicle or attack of unconsciousness. Date: \_\_\_\_\_  
(You must provide details, which may include pertinent clinical information.)

\_\_\_\_\_

**SECTION III MENTAL HEALTH — To be completed ONLY if driver has a Mental Health Disorder marked "YES" by MD/DO and/or medical professional (NP/PA).**

Mental Health Disorder: YES ☐ NO ☐

DATE OF COMPLETION OF MENTAL HEALTH SECTION III: \_\_\_\_\_

1. **Required:** In your professional opinion, is this individual MENTALLY FIT to safely operate a motor vehicle? YES ☐ NO ☐

2. Mental Health Disorder Diagnosis/Condition(s): \_\_\_\_\_

3. List all current mental health medications. (If medications are listed, a condition must be disclosed above in Question #2.)

\_\_\_\_\_

4. ☐ No medications prescribed.

5. (A) Controlled ☐ (B) Not Controlled: will not affect driving ☐ (C) Not Controlled: may affect driving ☐  
(If **Not Controlled** is marked, you must provide details, which may include pertinent clinical information, i.e., test results, lab values.)

\_\_\_\_\_

**SECTION IV — Additional information, special restrictions, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V — MD/DO and/or medical professional (NP/PA) — Failure to provide license information will result in return of form to the driver.**

(Unacceptable Signatures: Chiropractors, Podiatrists, Residents, Fellows, Interns, RN's, LPN's, Co-signatures)

**MEDICAL:**

Provider Name (**PRINTED**)

Medical Provider's Address (**PRINTED/STAMPED**)

( )

Professional License Number/State License Issued

Telephone Number

Provider's **SIGNATURE** — Date of Completion

☐ MD ☐ DO ☐ NP ☐ PA Provider's Specialty

**MENTAL:**

Provider Name (**PRINTED**)

Medical Provider's Address (**PRINTED/STAMPED**)

( )

Professional License Number/State License Issued

Telephone Number

Provider's **SIGNATURE** — Date of Completion

☐ MD ☐ DO ☐ NP ☐ PA Provider's Specialty

PLEASE MAINTAIN A COPY FOR YOUR RECORDS.

# VISION SPECIALIST REPORT

DRIVER FACILITY CONTROL #

I. APPLICANT INFORMATION/TO BE FILLED OUT BY APPLICANT PLEASE PRINT				Secretary of State State of Illinois	
Name	Last	First	Middle	Driver's License Number	
Street Address				Birth Date	
				Month	Day
				Year	Gender
				<input type="checkbox"/> M	<input type="checkbox"/> F
City	County		ZIP Code	Telescopic Readings On Reverse	

I authorize release of the report of this examination to the Secretary of State, Driver Services Department, Springfield, IL, for confidential use on my driving record. **This report is valid for six (6) months from the examination date below.**

Applicant Signature

Telephone Number (Telescopic Lens Wearer Only)

## II. ACUITY SECTION

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40<sup>-1</sup> or 20/100<sup>+2</sup>)

Acuity	Vision Specialist Examination Certification		
	Both	Right	Left
With correction	20/	20/	20/
Without correction	20/	20/	20/

Specialist – Check All Applicable Items:

- ☐ Daylight Driving Only  
☐ Left and Right Outside Rearview Mirrors  
☐ Applicant Would Not Accept Correction

### Secretary of State Minimum Visual Screening Standards – Acuity

**Acuity:** No restrictions = 20/40 binocular (without corrective lenses)  
**Daylight driving only** = 20/41 to 20/70 (with best correction binocular)  
**Failure** = 20/71 or less (binocular)  
**Left and right outside rearview mirror** ≥ 20/100 (monocular)

FOR SECRETARY OF STATE USE ONLY

REVIEW HOST FOR: ☐ Peripheral Reading

☐ Acuity Reading

(Initials)

## III. PERIPHERAL SECTION

### Minimum Visual Screening Standards—Peripheral

**Peripheral:** – Monocular = 70° temporal and 35° nasal  
(105° total field)  
– Binocular = 140° total temporal field

### Vision Specialist Examination Certification

Left Eye Temporal Reading	+	Right Eye Temporal Reading	=	Total Field of Vision*
_____°		_____°		_____°

(140° or greater – qualification with no restrictions. If 139° or less see below.)

\* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal and a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of **both** a left and a right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

Complete **only** if applicant received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal	Nasal	Total	Temporal	Nasal	Total
_____°	_____°	_____°	_____°	_____°	_____°

## IV. FOLLOWUP REQUIREMENTS

Specialist check all applicable items:

1. ☐ OPINION - Required ONLY if driver is currently canceled due to a previous vision report indicating driver is NOT visually safe to operate a motor vehicle.

- ☐ In my professional opinion, this individual is NOT visually fit to safely operate a motor vehicle.  
☐ In my professional opinion, this individual is visually fit to safely operate a motor vehicle.

2. ☐ Corrective lens(es) were accepted, checked and approved.

Date: \_\_\_\_\_

3. ☐ Condition deteriorating and/or warrants monitoring (please explain)

**If Question 3 is marked, recommendation for re-examination MUST be indicated below:**

☐ 3 months ☐ 6 months ☐ 12 months ☐ Other

## V. MEDICAL PROVIDER

I certify that I have examined the eyes of the above-named individual and that a true record of my examination appears hereon.

Date of Examination: \_\_\_\_\_ Provider's Signature (Stamped signatures unacceptable): \_\_\_\_\_

Professional License Number and State License Issued: \_\_\_\_\_ MD/DO ☐ OD ☐

Business Address: \_\_\_\_\_ City/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## This Side to be Completed for Prescription Mounted Telescopic Lens Wearers ONLY.

Sections I, IV and V (front) and the following sections must be completed for prescription spectacle mounted telescopic lens wearers. Applicants who qualify to drive with the use of a prescription telescopic lens arrangement are restricted to driving during daylight hours only, unless otherwise indicated, and are eligible for a Class "D" driver's license only.

### VI. TELESCOPIC ACUITY SECTION:

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40<sup>-1</sup> or 20/100<sup>+2</sup>)

Vision Specialist Examination Certification (all readings below must be completed)

#### Secretary of State Minimum Visual Screening Standards – Acuity

- Central acuity through the telescopic lens must be  $\geq 20/40$
- Central acuity through the carrier must be  $\geq 20/100$
- Left and right outside rearview mirror  $\geq 20/100$   
(monocular vision through telescopic lenses)

Acuity	Both	Right	Left
Through carrier lenses	20/	20/	20/
Through telescopic lenses	20/	20/	20/
Without correction	20/	20/	20/

### VII. TELESCOPIC PERIPHERAL SECTION:

#### Minimum Visual Screening Standards—Peripheral

- Peripheral: – Monocular = 70° temporal and 35° nasal  
(105° total field)
- Binocular = 140° total temporal field

#### Vision Specialist Examination Certification

Left Eye Temporal Reading		Right Eye Temporal Reading		Total Field of Vision*
_____°	+	_____°	=	_____°

(140° or greater – qualification with no restrictions. If 139° or less see below.)

\* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal **and** a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of **both** a left and a right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

Complete **only** if applicant received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal		Nasal	Temporal		Nasal
_____°	+	_____°	_____°	+	_____°
= _____°			= _____°		

### VIII. TELESCOPIC APPLICANT ISSUED AND RECEIVED LENS ARRANGEMENT

In your professional opinion, is there any indication that the applicant **MAY NOT** be capable of safely operating a motor vehicle? ☐ Yes ☐ No

- The patient has been fitted for a prescription spectacle-mounted telescopic lens arrangement and has had this arrangement in his/her possession for at least 60 days prior to the application date: ☐ Yes ☐ No
- Date applicant received telescopic lens arrangement: \_\_\_\_\_
- Power of telescopic lens arrangement: **(Telescopic lens(es) may not exceed 3X wide angle or 2.2X standard)**  
Power reading: \_\_\_\_\_ ☐ Wide ☐ Standard
- The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement: ☐ Yes ☐ No  
(Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.)

Additional comments or restrictions: \_\_\_\_\_

### IX. TELESCOPIC REQUIREMENTS

Has the patient completed all the following requirements **AFTER** the 60-day period of the new/current prescription? ☐ Yes ☐ No

- The patient has clinically demonstrated the ability to locate stationary objects within the telescopic field by aligning the object directly below the telescopic lens and moving the head down and the eyes up simultaneously.
- The patient has clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating future movement, so that by moving the head and eyes in a coordinated fashion, he/she is able to locate the moving object within the telescopic field.
- The patient has clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
- The patient has experienced levels of illumination, which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light, and the patient has clinically demonstrated the ability to successfully adjust to such changes.
- The patient has experienced walking and riding as a passenger in a motor vehicle so that he/she has a practical experience of motion while objects are changing position.

State of Illinois  
Secretary of State  
501 S. 2nd Street  
Springfield, IL 62756

- ☐ NEW APPLICANT  
☐ RENEWAL

\*If your valid placard was lost/stolen/damaged,  
use replacement form **VSD 415**,  
available online at [cyberdriveillinois.com](http://cyberdriveillinois.com)  
or visit your local Secretary of State facility.

## Persons with Disabilities Certification for Parking Placard

\*This form is valid for three months from your physician's signature date for a Temporary Placard and six months for a Permanent Placard.

**NOTE TO DISABILITY LICENSE PLATE OWNERS:** If you have a disability license plate, you **MUST** complete the form and renew your placard.

**DIRECTIONS:** Both sides of this document must be signed and completed fully. All fields are required.

Applicants complete Part 1. If the applicant is a MINOR, then Parent/Guardian(s) **MUST** also complete Part 2. The applicant's medical professional **MUST** complete Part 3. If the applicant is applying for meter-exempt parking, his/her medical professional **MUST** also complete Part 4.

### Part 1: Applicant Information (MUST have a valid Illinois driver's license and/or ID card)

I hereby certify that I meet the definition of a person with a disability as provided in 625 ILCS 5/1-159.1, and I certify that my physical condition entitles me to the issuance of a Persons with Disabilities Parking Placard. By affixing my signature below, I understand that the parking placard may not be used unless I am the driver or passenger of the vehicle.

Full Name of Person with Disability (If Minor, complete Part 2 also.)		Disability Parking Placard # (if any)	
Valid Illinois Driver's License or ID Card # of Applicant		Male/Female	Date of Birth
Illinois Address	Apt/Unit #	City	IL ZIP Code
Mailing Address if Different from Above			
Telephone Number	Email Address	Military Veteran? Yes / No	
Signature of Person with Disability		Today's Date	

### Part 2: For Parent or Legal Guardian (MUST have a valid Illinois driver's license and/or ID card)

I hereby certify that the above applicant is a minor and I have primary responsibility for his/her transportation. By affixing my signature below, I understand that the disability placard is issued to the person with disability and may not be used unless I am transporting the disabled person in the vehicle.

Name of Parent or Legal Guardian		Relationship to Person with Disability	
Valid Illinois Driver's License or ID Card #			
Illinois Address	Apt/Unit #	City	IL ZIP Code
Telephone Number	Email Address		
Signature of Parent or Legal Guardian		Today's Date	

**Warning:** Any misuse of the disability parking placard/plates or making a false application may result in the revocation of the placard, a 12-month suspension or revocation of your driver's license, and a fine of up to \$1,000.

**Temporary Disabled Parking Placard Applications** — May be taken to any Secretary of State facility or mailed in.

**Permanent Disabled Parking Placard Applications** — **MUST** be mailed to the following address:

Secretary of State, Persons with Disabilities Placard Unit, 501 S. 2nd Street, Room 541, Springfield, IL 62756.

\*If you have a permanent disability placard and would like a Persons with Disabilities License Plate, please visit your local Secretary of State facility to apply. You will need your permanent placard number and current plate number or VIN.

**Please complete Page 2 to ensure timely processing.**



### Part 3: Medical Eligibility Standards and Medical Professional Certification

As the medical professional(s) executing this document and verifying the nature of the applicant's disability, I understand that making a false representation of a person's disability for the purposes of obtaining any type of disabled parking placard may result in suspension or revocation of my license and a fine of up to \$1,000. As a licensed physician, I certify the individual named in Part 1 has a condition that constitutes him/her as a person with disabilities.

#### Length of Disability: (Check one)

- ☐ Temporary Disability; the duration of this disability is \_\_\_\_\_ (maximum 6 months)  
☐ Permanent Disability  
☐ Meter-Exempt Disability (Must complete and sign Part 4 also.)

#### Check all that apply: (MUST check at least one):

- ☐ Is restricted by a lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) for 1 second, when measured by spirometry, is less than 1 liter.  
☐ Uses a portable oxygen device.  
☐ Has Class III or Class IV cardiac condition according to the standards set by the American Heart Association.  
☐ Cannot walk without the use of or assistance from a wheelchair, a walker, a crutch, a brace, a prosthetic device, or another person.  
☐ Is severely limited in the ability to walk due to an arthritic, neurological, oncological, or orthopedic condition.  
☐ Cannot walk 200 feet without stopping to rest because of one of the above five conditions.

#### Check all that apply: (MUST check at least one diagnosis):

- |   |   |
|---|---|
| <input type="checkbox"/> Amputation of extremity(s) _____ | <input type="checkbox"/> Arthritis of the _____                     |
| <input type="checkbox"/> Spina Bifida                     | <input type="checkbox"/> Osteoarthritis of the _____                |
| <input type="checkbox"/> Multiple Sclerosis               | <input type="checkbox"/> Chronic Pain due to _____                  |
| <input type="checkbox"/> Quadriplegia/Paraplegia          | <input type="checkbox"/> Legally Blind <b>with</b> limited mobility |
| <input type="checkbox"/> Cerebral Palsy                   |   |

- ☐ **Other Diagnosis:** \_\_\_\_\_  
If none of the above conditions apply, list the medical condition that impacts the person's mobility.

Medical Professional's Printed Name	Specialty	
Office Address	City, State, ZIP Code	
Medical Professional's Signature	State Professional License Number (NOT NPI#)	Today's Date
Signature of Collaborating/ Supervising Physician (if signed above by resident/assistant)	Supervising State Professional License Number	

### Part 4: Medical Eligibility for Meter-Exempt Parking

The meter-exempt parking certification must be completed only when the applicant qualifies. To qualify, the applicant **MUST have a VALID Illinois driver's license**, have an ambulatory disability described in Part 3, and also have one of the following conditions listed below. **Economic need is not a consideration for meter-exempt parking.**

The applicant is eligible for meter-exempt parking as provided by statute due to the following **PERMANENT** medical condition or disability:

#### Check all that apply:

- ☐ Cannot manage, manipulate or insert coins, or obtain tickets in parking meters/ticket machines due to lack of fine motor control of BOTH hands.  
☐ Cannot reach above his/her head to a height of 42 inches from the ground due to a lack of finger, hand or upper-extremity strength or mobility.  
☐ Cannot approach a parking meter due to his/her use of a wheelchair or other device for mobility.  
☐ Cannot walk more than 20 feet due to an orthopedic, neurological, cardiovascular or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.  
☐ Missing a hand(s) or arm(s) or has permanently lost the use of a hand or arm.  
☐ Patient is under 18 years of age and incapable of driving.

Medical Professional's Signature	State Professional License Number (NOT NPI#)	Today's Date
Signature of Collaborating/ Supervising Physician (if signed above by resident/assistant)	Supervising State Professional License Number	

#### FOR SECRETARY OF STATE OFFICE USE ONLY

Parking Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Issued By: \_\_\_\_\_ Issue Date: \_\_\_\_\_

State of Illinois • Secretary of State

Application for an Illinois Person with a Disability Identification Card



To Be Completed  
By Applicant

I am applying for an Illinois Person with a Disability Identification Card at no fee on the basis that I am an individual who is disabled as defined in Section 4A of the Illinois Identification Card Act. This report shall remain valid for three months.

I affirm that the information in this affidavit is true and correct.

Applicant's Signature/Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ and/or Identification Card Number \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

To Be Completed  
By Physician

Certification for Illinois Person with a Disability Identification Card

Below please indicate the **Priority** of the **Type of Disability** and the corresponding **Classification of Disability** pertaining to the applicant named on this affidavit. Refer to the **Definition Supplement** on the reverse for assistance. (Please mark on the lines provided, any type and classification applicable, in priority order using a 1 to 5 numbering scale.

**NOTE to Physician: The numbering scale begins with (1) as the lowest priority and (5) as the highest priority.**

Priority:	Disability:	Class:
_____	Physical (P)	_____
_____	Developmental (D)	_____
_____	Visual (V)	_____
_____	Hearing (H)	_____
_____	Mental (M)	_____

I hereby certify that the conditions of the person with disabilities named herein are determined and defined under Chapter 15, Illinois Compiled Statutes, Section 335/4A.

Physician's Signature / Date \_\_\_\_\_

Physician Assistant's/Advanced Practice Nurse's (APN) Signature / Date \_\_\_\_\_

(PLEASE PRINT OR TYPE BELOW)

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Secretary of State  
Use Only

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Driver's License or ID Number \_\_\_\_\_ Control Number \_\_\_\_\_

**MISUSE OF A PERSON WITH A DISABILITY ID CARD  
CAN RESULT IN ITS REVOCATION**

\* Please submit this completed form at your local Driver Services facility.

## **Definition Supplement**

### **Chapter 15, Illinois Compiled Statutes, Section 335/4A defines:**

#### **Types of Disabilities**

##### **Type One: Physical (P)**

A physical disability is a physical impairment, disease, or loss, which is of a permanent nature, and which substantially limits physical ability or motor skills.

##### **Type Two: Developmental (D)**

Developmental disability means a disability that is attributable to: (i) an intellectual disability, cerebral palsy, epilepsy, or autism or (ii) any other condition that results in impairment similar to that caused by an intellectual disability and requires services similar to those required by persons with intellectual disabilities. Such a disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

##### **Type Three: Visual (V)**

A visual disability is blindness, and the term “blindness” means central vision acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye that is accompanied by a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central vision acuity of 20/200 or less.

##### **Type Four: Hearing (H)**

A hearing disability is a disability resulting in complete absence of hearing, or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the principal means of receiving spoken language.

##### **Type Five: Mental (M)**

A mental disability is a significant impairment of an individual’s cognitive, affective, or relational abilities that may require intervention and may be a recognized, medically diagnosable illness or disorder.

#### **Classifications of Disabilities**

##### **Class 1**

A Class 1 disability is any type of disability which does **not** render a person unable to engage in any substantially gainful activity, or which does not impair the person’s ability to live independently or to perform labor or services for which he/she is qualified.

##### **Class 1a**

A Class 1a disability is a Class 1 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.

##### **Class 2**

A Class 2 disability is any type of disability which renders a person unable to engage in any substantially gainful activity, or which substantially impairs the person’s ability to live independently without supervision or in-home support services, or which substantially impairs the person’s ability to perform labor or services for which he/she is qualified or significantly restricts the labor or services which he/she is able to perform.

##### **Class 2a**

A Class 2a disability is a Class 2 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.

## DRIVER SERVICES FACILITIES AND HOURS

For information on facility services and holiday closings, please visit [ilsos.gov](http://ilsos.gov) and select "Facility Finder."

### DOWNSTATE FACILITIES

Tues. ....8 a.m. to 5:30 p.m.  
 Wed. - Fri. ....8 a.m. to 5 p.m.  
 Sat. ....7:30 a.m. to Noon  
 Aledo .....706 SE Third St.  
 Anna .....101A Transcraft Dr.  
 #Beardstown .....103 W. 15th St.  
 \*Belleville .....400 W. Main St.  
 Belvidere .....425 Southtowne Dr., Ste. 200  
 Benton .....812 N. Main St.  
 #Bethalto/E. Alton .20 Terminal Dr., Ste. 103  
 #Bloomington .....1510 W. Market  
 #Bradley .....111 Village Square  
 Cairo .....216 10th St.  
 Canton .....1015 W. Locust St.  
 #Carbondale .....2516 W. Murphysboro Rd.  
 Carlinville .....120 Carlinville Plaza  
 \*Carmi .....1128 Oak St.  
 Carthage .....130 Buchanan St.  
 Centralia .....418 S. Poplar St.  
 Chadwick .....236 Main St.  
 #Champaign .....2012 Round Barn Rd.  
 Charleston .....1010 "E" St.  
 Clinton .....1255 IL-54 East  
 \*Decatur .....3149 N. Woodford St.  
 #DeKalb .....1360 Oakwood Ave.  
 Dixon .....925 S. Peoria Ave.  
 \*E.St.Louis .....1468 State St., Ste. 200-300  
 #Edwardsville .....1502A Troy Rd.  
 \*Effingham .....444 S. Willow St.  
 \*Fairfield .....307 Market Ave.

Flora .....39 Greenlaw Blvd.  
 \*Freeport .....1054 N. Riverside, Ste. C  
 Galena .....987 Galena Square Dr.  
 \*Galesburg .....1066 E. Losey St.  
 Gibson City .....304 W. Second St.  
 #Granite City .....1810 Edison St.  
 Greenville .....321 S. Second St.  
 Harrisburg .....350 Seright St., Ste. C  
 Havana .....210 S. Prairie Ridge Dr.  
 \*Hillsboro .....2010 N. School St.  
 Hoopeston .....825 W. Elm St.  
 \*Jacksonville .....901 W. Morton Ave., Ste. 13  
 .....Lincoln Square Shopping Ctr.  
 \*Jerseyville .....710 W. County Rd.  
 Kewanee .....715 Tenney St.  
 Lacon .....127 Prairie St.  
 LaSalle .....536 Third St.  
 Lawrenceville .....1305 State St.  
 Lincoln .....2200 N. Kickapoo St.  
 #Macomb .....466 Deer Rd.  
 Marion .....1905 Rendleman St.  
 Mascoutah .....9221 Beller Dr.  
 \*Mattoon .....2020 Charleston Ave.  
 McLeansboro .....1105 E. Randolph St., Unit 101  
 Mendota .....108 E. 12th St.  
 \*Metropolis .....1112 W. 10th St.  
 #Moline/Silvis .....2001 Fifth St., Ste. 10  
 Monmouth .....330 N. Main St.  
 Monticello .....1205 Bear Lane  
 #Morris .....425 East Route 6  
 Mt. Carmel .....219 W. Second St.  
 Mt. Vernon .....320 E. Main St.  
 \*Nashville .....480 N. Kaskaskia St.

Olney .....1302 S. West St.  
 Oregon .....1302 Pines Rd.  
 #Ottawa .....4111 Progress Dr.  
 Paris .....714 Grandview St.  
 \*Pekin .....200 S. Second St.  
 #Peoria .....3311 N. Sterling Ave.  
 Pinckneyville .....404 S. First St.  
 Pittsfield .....202 W. Jefferson St.  
 \*Pontiac .....507 Crane St.  
 #Princeton .....225 Backbone Rd. East  
 Quincy .....2512 Locust St.  
 Rantoul .....421 S. Murray Rd.  
 \*Roanoke .....102A N. 6th St.  
 \*Robinson .....1321 E. Main St.  
 Rockford CDL .....4734 Baxter Rd.  
 #Rockford Central .....3720 E. State St.  
 Salem .....1375 W. Whittaker St.  
 Shelbyville .....311 N. Cedar St.  
 \*Sparta .....202 W. Jackson St.  
 \*Springfield (No Cycle Drive) 316 N. Klein St.  
 \*Sterling .....1224 W. Fourth St.  
 Streator .....201 Danny's Dr., Ste. 6  
 Taylorville .....1400 E. Park St.  
 Tilton .....#5 Southgate  
 Tuscola .....211 S. Main St.  
 Vandalia .....13 Old Capitol Shopping Ctr.  
 Vienna .....400 E. Vine St.  
 Waterloo .....1335 Jamie Lane  
 Watseka .....123 W. Walnut St.  
 Wyoming .....111 E. Williams St.

Mon. - Fri. ....8 a.m. to 5 p.m.  
 #Springfield .....2701 S. Dirksen Pkwy.  
 (CDL & Cycle Drives)

### \*CDL Written Test only

#### CHICAGO/METRO AREA FACILITIES

No CDL Testing (unless noted)

Tues. - Fri. ....7:30 a.m. to 5 p.m.  
 Sat. ....7:30 a.m. to 2 p.m.  
 #Aurora .....339 E. Indian Trail  
 #Bridgeview .....7358 W. 87th St.  
 #Chicago Heights .....Prairie State College  
 .....331 S. Coolidge St.  
 #Chicago North .....5401 N. Elston Ave.  
 #Chicago South .....9901 S. Martin Luther King Dr.  
 #Chicago West .....5301 W. Lexington Ave.  
 #Deerfield (No Cycle Drives) 405 Lake Cook Rd.  
 #Des Plaines .....1470 Lee St.  
 #Elgin .....595 S. State St.  
 #Joliet .....201 Joyce Rd.  
 #Lake Zurich (CDL Written) .951 S. Rand Rd.  
 #Lombard .....837 S. Westmore Ave., B27  
 #Melrose Park .....1903 N. Mannheim Rd.  
 #Midlothian .....14434 S. Pulaski Rd.  
 #Naperville .....931 W. 75th St., Ste. 161  
 #Plano (CDL Written) .....236 Mitchell Dr.  
 #Schaumburg .....1227 E. Golf Rd.  
 #Waukegan .....617 S. Green Bay Rd.  
 #Woodstock .....428 S. Eastwood Dr.

### SPECIAL SITES

No Drives & No CDL Testing

Mon. - Fri. ....8 a.m. to 5 p.m.  
 Chicago Central .....100 W. Randolph St. (Lower Level)

& By Appointment Only  
 # Non Visa Status TVDL

#### COMMERCIAL TRUCK/BUS CENTERS

CDL Written Exams Available Anytime  
 CDL Drives By Appointment Only

Tues. ....8 a.m. to 5:30 p.m.  
 Wed. - Fri. ....8 a.m. to 5 p.m.  
 Sat. ....7:30 a.m. to Noon  
 Bradley .....111 Village Square  
 Charleston .....1010 "E" Street  
 Danville/Tilton .....#5 Southgate  
 DeKalb .....1360 Oakwood Ave.  
 Marion .....1905 Rendleman St.  
 Mascoutah .....9221 Beller Dr.  
 Moline/Silvis .....2001 Fifth St., Ste. 10  
 Olney .....1302 S. West St.  
 Peoria .....3311 N. Sterling Ave.  
 Princeton .....225 Backbone Rd. East  
 Quincy .....2512 Locust St.  
 Rantoul .....421 S. Murray Rd.  
 Rockford CDL .....4734 Baxter Rd.  
 Salem .....1375 W. Whittaker St.

Mon. - Fri. ....8 a.m. to 5 p.m.  
 Springfield .....2701 S. Dirksen Pkwy.

Tues. - Fri. ....7:30 a.m. to 5 p.m.  
 Sat. ....7:30 a.m. to 2 p.m.  
 Elk Grove Village .....650 Roppolo Dr.  
 Lake Zurich (No CDL Drives) .951 S. Rand Rd.  
 Plano (No CDL Drives) .....236 Mitchell Dr.  
 South Holland .....41 W. 162nd St.  
 & West Chicago .....721 Kress Rd.

Visit [www.ilsos.gov/fastpass](http://www.ilsos.gov/fastpass)  
 to schedule a CDL Drive Appointment.

#### EXPRESS FACILITIES

Vision Screening Only (unless noted)

Mon. - Fri. ....8 a.m. to 5 p.m.  
 Chicago Diversey .....4642 W. Diversey Ave.  
 Lockport (Non-CDL Written) 1029-31 E. 9th St.

Mon. - Fri. ....9 a.m. to 4 p.m.  
 Orland Park .....14807 S. Ravinia Ave.

Wed., Thurs., Fri. ....9 a.m. to 4 p.m.  
 Roscoe .....10631 Main St.

Tues. ....8 a.m. to 5:30 p.m.  
 Wed. - Fri. ....8 a.m. to 5 p.m.  
 Sat. ....7:30 a.m. to Noon  
 Rockford Express .....3214 Auburn St.

For more information or to  
 schedule an appointment:  
[ilsos.gov](http://ilsos.gov)

General Inquiry Hotline:  
 800-252-8980

Chicago Area: 312-793-1010  
 Appointment Hot Line:  
 844-817-4649





# A Guide to Services

**For a list of publications and forms  
available for seniors, please contact:**

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**Office of the Secretary of State**

**Driver Services Department**

**2701 S. Dirksen Pkwy.**

**Springfield, IL 62723**

**312-814-3121**

**888-261-5238 (TTY, NexTalk)**

**ilsos.gov**



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